MADELEINE CONNOR

ATTORNEY AT LAW

P. O. Box 161962, Austin, Texas 78716-1962 512-289-2424 mgbconnor@yahoo.com 512-329-5229 (fax)

July 14, 2009

Dana DeBeauvoir, County Clerk 5501 Airport Blvd. Austin, TX 78751-1410

VIA: Certified Mail, Return Receipt Requested, No. 70070710000419354659.

Dear Ms. DeBeauvoir,

Please find enclosed my July 15, 2009, semi-annual campaign finance report.

If you have any questions, please contact me at the number above.

I thank you for your kind attention to this matter.

Sincerely

Madeleine Connor

MASTO CONTRACTOR

| | | NDIDATE / OFFICEHOL INANCE REPORT | T 7155 | FORM JC/OH COVER SHEET PG 1 | | | | | |
|---|---|--|---------------|--|---|----------------|--|--|--|
| The JC/OH INSTRUCTION GUIDE explains how to complete this form. | | | | ACCOUNT # (Ethics Commission filers) 00057729 | 2 PAGE# 1 of 2 | | | | |
| 3 | CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST Madeleine B. | ٠ | МІ | OFFICE U | SE ONLY | | | |
| | NAME | NICKNAME LAST Connor | | SUFFIX | Date Received | | | | |
| 4 | CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; P.O. Box 161962 Austin, TX 78716-1962 | CITY | ; STATE; Z⊮P CODE | Date Hand-delivered or Date Postmarked | | | | |
| ; | | | • | | | | | | |
| 5 | CAMPAIGN | MS/MRS/MR FIRST | | M) | Receipt # | Amount | | | |
| • | TREASURER NAME | Ms Madeleine | | | Date Imaged | | | | |
| 1 | | NICKNAME CONNOR | | SUFFIX | | | | | |
| 6 | CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SL P.O. Box 161962 Austin, TX 78716-1962 | JITE# | ; CITY; STATE; | ZIP CODE | | | | |
| 7 | CAMPAIGN: TREASURER PHONE | AREA CODE PHONE NUMBER (512) 289-2424 | | EXTENSION | | | | | |
| 8 | REPORT TYPE | X January 15 30th day before ele | ction : | Runoff | 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | | July 15 Sth day before elec | tion | Exceeded \$500 limit | Final report (Atta | ach C/OH - FR) | | | |
| 9 | PERIOD COVERED | Month Day Year THRO | OUGI | Month Day H 12/31/20 | Year 08 | | | | |
| 10 | ELECTION | ELECTION DATE Month Day Year 03/04/2008 Prima | | Runoff | General | Special | | | |
| 11 | OFFICE | OFFICE HELD (If any) | | 12 OFFICE SOUGHT (if known District Judge Dist |) triet 353 | | | | |
| | NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. | | | | | | | |
| | | Name | | | | | | | |
| | . additional pages | Address/PO Box; Apt. / Suite #; City; State; | Zip C | code | | | | | |
| | GO TO PAGE 2 | | | | | | | | |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

| 14 C/OH NAME Conn | 15 ACCOUNT # (Ethics 00057729 | | | | | | | | |
|---|--|--|-----------------------------|----------|--|--|--|--|--|
| 16 NOTICE FROM | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures | | | | | | | | |
| POLITICAL COMMITTEE(S) | COMMITTEE TYPE | TYPE COMMITTEE NAME | | | | | | | |
| | GENERAL. | COMMITTEE ADDRESS | | | | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | |
| | | · | | | | | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00 | | | | | |
| | 2. TOTAL I (OTHER | \$ | 0.00 | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL F | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZI | \$ | 0.00 | | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | 0.00 | | | | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD | \$ | 0.00 | | | | | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI Y OF THE REPORTING PERIOD | \$ | 0.00 | | | | | |
| 18 AFFIDAVIT | | | | | | | | | |
| SHARON KOREN Notary Public, State of Texas My Commission Expires October 30, 2011 | | | | | | | | | |
| Signature of Candidate or Officeholder | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | |
| 1 | _ | e said Sharon Koren ify which, witness my hand and seal of office. | , this the <u>13</u> | day | | | | | |
| Signature of officer admir | nistering oath | Print name of officer administering oath | Title of officer administer | ing oath | | | | | |